

# COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

1. My residence, post office address and citizenship are as stated below next to my name.
2. I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled, **"POINT TO POINT MEMORY EXPANSION SYSTEM AND METHOD,"** the specification of which:
  - ☒ is attached hereto.
  - ☐ was filed on \_\_\_\_\_, Application Serial No. \_\_\_\_\_
  - ☐ and was amended on \_\_\_\_\_  
(if applicable)
3. I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.
4. I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.
5. I hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate listed below and have also identified below any foreign application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed.

## Prior Foreign Application(s)

			<u>Priority Claimed</u>	
<u>None</u>			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

6. I hereby claim the benefit under 35 U.S.C. § 119(e) of any United States provisional application(s) listed below.

## Prior Provisional Application(s)

			<u>Priority Claimed</u>	
<u>None</u>			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No
<u>None</u>			<input type="checkbox"/>	<input type="checkbox"/>
(Number)	(Country)	(Day/Month/Year Filed)	Yes	No

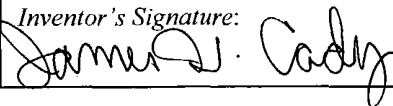
7. I hereby claim the benefit under Title 35, United States Code, § 120 of the United States application(s) listed below and, insofar as the subject matter of each of the claims in this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56 which occurred between the filing date of the prior application and the national or PCT international filing date of this application:


## U.S. Application(s)


<u>10/453,398</u>	<u>June 3, 2003</u>	<u>Pending</u>
(Application Serial No.)	(Filing Date)	(Status)
		(patented, pending, abandoned)

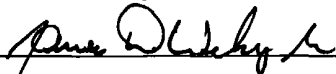
8. I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and to transact all business in the Patent and Trademark Office connected herewith: J. Scott Denko, Reg. No. 37,606.

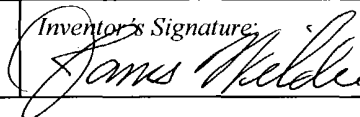
9. I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

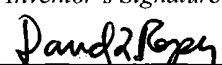
Full Name of First Inventor:	Inventor's Signature:	Date: 7/17/03
James W. Cady		Citizenship: U.S.A.
Residence:	6803 Bayride Terrace, Austin, Texas 78759	
Post Office Address:	Same	

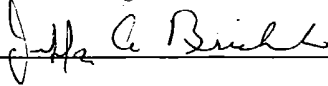
Full Name of Second Inventor:	Inventor's Signature:	Date: 7/17/03
Russell Rapport		Citizenship: U.S.A.
Residence:	1407 Brentwood Street, Austin, TX 78757	
Post Office Address:	Same	

Full Name of Third Inventor:	Inventor's Signature:	Date: 7-17-03
Julian Partridge		Citizenship: U.K.
Residence:	9613 Vista View Drive, Austin, Texas 78750	
Post Office Address:	Same	

Full Name of Fourth Inventor:	Inventor's Signature:	Date: 7/17/03
James Douglas Wehrly, Jr.		Citizenship: U.S.A.
Residence:	8700 Melshire Drive, Austin, Texas 78757	
Post Office Address:	Same	

Full Name of Fifth Inventor:	Inventor's Signature:	Date: 7-17-03
James Wilder		Citizenship: U.S.A.
Residence:	3301 Onion Hollow Cove, Austin, Texas 78739	
Post Office Address:	Same	

Full Name of Sixth Inventor:	Inventor's Signature:	Date: 7-21-03
David L. Roper		Citizenship: U.S.A.
Residence:	5000 Mission Oaks Blvd., # 50, Austin, Texas 78735	
Post Office Address:	Same	

<i>Full Name of Seventh Inventor:</i>	<i>Inventor's Signature:</i>	<i>Date:</i> 7/17/2003
Jeff Buchle		<i>Citizenship:</i> U.S.A.
<i>Residence:</i> 5300 Maverick Drive, Austin, Texas 78727		
<i>Post Office Address:</i> Same		

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Attorney Docket No.: 0254-094-CIP-4/CIP-1

Form PTO-1619A  
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Patent and Trademark Office**RECORDATION FORM COVER SHEET  
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**CONVEYANCE TYPE**

- ☒ Assignment  
☐ Change of Name  
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\_\_\_\_\_  
\_\_\_\_\_

**CONVEYING PARTY(IES)**

Name (line 1): James W. Cady  
Name (line 2): Russell Rapport  
Name (line 3): Julian Partridge  
Name (line 4): James Douglas Wehrly, Jr.  
Name (line 5): James Wilder  
Name (line 6): David L. Roper  
Name (line 7): Jeff Buchle  
Execution Date: July 17, 2003  
☐ Mark if additional names of conveying parties attached.

**RECEIVING PARTY(IES):**

Name: Staktek Group L.P.  
Address: 8900 Shoal Creek  
City: Austin  
State: TX Zip: 78758

☐ If document to be recorded is an assignment and the receiving party is not domiciled in the United States, an appointment of a domestic representative is attached. (*Designation must be a separate document from Assignment.*)

**PAGES** Enter the total number of pages of the attached conveyance document, including any attachments. 5**APPLICATION NUMBER(S) OR PATENT NUMBER(S)** ☐ Mark if additional numbers attached.*Enter either the Patent application number or the patent number (DO NOT ENTER BOTH numbers for the same property)*Patent Application No(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Patent No(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If this document is being filed together with a new patent application, enter the date the application was signed by the first named executing inventor: July 17, 2003.

**CORRESPONDENT NAME AND ADDRESS**

Name: J. Scott Denko  
Internal address: Andrews & Kurth LLP  
111 Congress Avenue, Suite 1700

Street address: Same

City: Austin  
State: Texas Zip: 78701

**PATENT COOPERATION TREATY (PCT)**

Enter PCT application number  
only if a U.S. application number  
has not been assigned.

PCT \_\_\_\_\_  
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**NUMBER OF PROPERTIES**

Enter the total number of properties involved: One (1)

**FEE AMOUNT**

For Amount for Properties Listed (37 CFR 3.41):

\$40.00

Method of Payment:



Enclosed (included in the check covering the filing fee), or



Deposit Account

(Enter for payment by deposit account or if additional fees can be charged to the account.)



Debit Account No.: \_\_\_\_\_



Authorized to charge additional fees to Deposit Account No. 50-0897.

**STATEMENT AND SIGNATURE**

To the best of my knowledge and belief, the foregoing information is true and correct and any attached copy is a true copy of the original document. Charges to deposit account are authorized, as indicated herein.

J. Scott Denko

Name of Person Signing

  
Signature

July 21, 2003

Date